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ABSTRACT

This paper examines the needs of adolescent mothers and their infants and describes innovative programs designed to meet those needs. It discusses characteristics of adolescent mothers, including their educational level, their obstetric performance, their parenting practices, and the socioeconomic consequences of early parenthood. The paper then describes the developmental outcomes of the children of adolescent mothers, including their academic achievement, the quality of their home environments, their intellectual development, the incidence of child abuse and neglect, and their behavioral and emotional development. The paper points out that the socioeconomic consequences of early parenthood are primary contributors to these outcomes, not adolescent parenthood per se, and that positive social support for the adolescent mother and her infants may serve as a safeguard against the negative effects of the stresses of parenting for teenagers. The paper further describes intervention programs for adolescents to prevent pregnancy, programs for pregnant adolescents, and programs for adolescent mothers. The paper highlights difficulties in attaining funding and evaluating program effectiveness and describes recent information on fathers of children born to adolescent mothers and programs targeting their needs. (Contains 69 references.) (KDFB)

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Special Needs of Adolescent Mothers and Their Infants -- Innovative Programs that Meet These Needs

A Paper Presented at the
1990 Annual Conference of the
National Association for the Education of Young Children

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INTRODUCTION

Adolescent pregnancy is not confined to one ethnic group nor to a specific geographic region of our country; indeed, all segments of our society encounter this problem including urban and rural populations (Pittman, 1988). There are vast differences, however, among state and local policies and expenditures and cultural norms as each community determines its own measures to ameliorate the effects of adolescent pregnancy. A recent statistical analysis of all 50 states determined several predictors of high teen birthrates: high state poverty rate; low school completion rate; low state per capita expenditure for public welfare; high unemployment (Zimmerman, 1988). Another analysis found high birthrates were associated with demographic characteristics such as political conservatism, low status of women, and high percentage of membership in fundamentalist religious groups (Singh, 1986).

It has generally been concluded that the majority of adolescent pregnancies are unintentional (Smith & Weinman & Mumford, 1982; Block & Block, 1980) and that approximately one half are terminated by miscarriage or abortion each year (Simkins, 1984; Trussell, J., 1988). Those who choose abortion tend to be girls who have experienced academic success (McLaughlin, 1988), lived above the poverty level, or lived in a

liberal affluent community offering an array of educational, social and medical services (Zimmerman, 1988). Of the adolescent mothers who give birth, approximately 7% place their child for adoption (McLaughlin & Pearce & Mannien & Winges, 1988). This option is most frequently chosen by young caucasian mothers, and for the young mothers who do relinquish their infants for adoption there appears to be significant advantages for their future employment and education (McLaughlin, Pearce, Mannien, Winges, 1988).

ADOLESCENT MOTHERS

Over 90% of adolescent mothers choose to keep their baby and the consequences for these young families are most likely dismal. These young mothers usually have experienced academic failure and have lived their life in poverty with extremely low aspirations for the future (Robbins, C. & Kaplan, H.B. & Martin, S.S., 1985; Kenney, A.M. 1987; Ortiz, E.T. & Bassoff, B.Z., 1987). As a group, their total number of years of education is abbreviated and their future employment is limited to poor paying, less prestigious jobs when compared to non-childbearing peers (Card & Wise, 1978; Moore, 1978). In most instances the adolescent mother does not marry the father of her baby, but for those who do marry, divorce is almost certain (Furstenberg, Brooks-Gunn, Morgan, 1976). The

consequences for the extremely young mother and the adolescent mother living below the poverty level seem to be the most catastrophic because of the tendency for rapid repeat pregnancies, larger families and almost certain welfare dependency (Balassone, 1988).

It has been reported that children of teenagers are more likely than other children to be born premature, have a low birth rate and that young mothers are more likely to experience pregnancy and delivery complications than mature mothers (Jones & Palcek, 1970; Fielding, 1978). However, a major problem of these studies has been their failure to take into consideration socioeconomic factors (Lawrence & Merritt, 1981). Recent studies that controlled for age, socioeconomic status, and prenatal care have found no difference in obstetric performance between adolescent mothers and older mothers (Roosa, 1984; Mednick & Baker & Sutton-Smith, 1979; Dwyer, 1974). Rather, the negative outlook for children born to adolescent mothers appears to be associated with environmental and economic deprivation rather than physical abnormalities. (Philliber, S.G. & Graham, E.H. 1981; Miller, S.H., 1984; Russell, A. & Cunningham, M. & Szent-Miklosy, L. 1990).

The literature is limited with regard to the parenting practices of adolescent mothers, and what research is available tends to focus on

small homogeneous populations. These studies have found differences in the interaction patterns of adolescent mothers and their offspring when compared to older mothers and their infants. Adolescent mothers tended to be less verbal and more physical in their interaction with less synchrony in response to their infants (Roosa & Fitzgerald & Carlson, 1982; Schilmoeller & Baranowski, 1985). Some research has suggested that adolescent mothers are more frequently abusive and neglectful than older mothers (Bolton & Laner & Kane, 1980), while others have hypothesized that this group of mothers is more anxiously supervised by professionals and more likely to have family backgrounds of abuse and neglect (Miller, 1984). It appears that maternal education and socioeconomic status rather than maternal age at first birth are the most significant indicators for the future of both the young mother and her infant (Kinard & Reinherz, 1984).

CHILDREN OF ADOLESCENT MOTHERS

Most of the literature surrounding the issue of teenage childbearing implies a delitorious outcome for children born to adolescents; however, little is actually known about the long range outcome for these children (Furstenberg, Brooks-Gunn, Morgan, 1987). Instead most research findings are based on the outcomes of adolescent mothers, with assumptions made

concerning their children (Kinard, Reinherz, 1984). Of concern also is the fact that much of the research that focused on the mother is flawed because of faulty evaluation designs, methodological errors, and the confounding of variables (Chilman, 1980). For example, recent studies that controlled for prenatal medical care and nutrition found that with the exception of extremely young mothers under the age of fourteen, infants born to adolescent mothers need not be at high risk for physical abnormalities at birth (Roosa, 1984).

Because the early environment of children has been associated with later academic achievement it would be expected that children of adolescent mothers would be less likely to experience academic success than their peers born to older mothers. Indeed some studies have concluded that children born to adolescent mothers more frequently experienced intellectual deficiencies, developmental delays and behavioral problems than did their counterparts born to older mothers (Furstenberg & Brooks-Gunn & Morgan, 1987; Baldwin & Cain, 1980; Phipps Yonas, S., 1980). Studies have found that infants of adolescent mothers lived in a less verbal and emotionally responsive home environments than did children born to older mothers (Schilmoeller & Baranowski, 1985). An observational study that focuses on mother-infant interactions found that

the interaction between the adolescent mother and her infant was most frequently initiated by the infant; whereas older mothers most frequently initiated interaction with their infants. Differences in these two groups were also found on standardized test scores with the children of adolescent mothers scoring significantly lower on the verbal subtests of the Mullen and McCarthy. Yet another study of adolescent mothers' interactions with their infants found that when compared with older mothers and their infants, the interactions of adolescent mothers and their infants were generally non-verbal and less reciprocal. Lower Bayley scores at 9 months and lower Stanford-Binet scores at four years were found by Baldwin and Cain in 1980; however, they noted that these findings might be related to low socio-economic status rather than young motherhood. As mentioned earlier, some investigators have eluded to a high frequency of child abuse and neglect for children of adolescent mothers (Simkins, L., 1984). While others found no difference when compared to older mothers of comparable background (Furstenberg & Brooks-Gunn & Morgan, 1987).

The Baltimore Study, a seventeen year longitudinal study of 296 urban black adolescent mothers and their children found that when compared to children of older mothers, children of adolescent mothers

manifested more academic and behavioral problems. More than half of these children had repeated at least one grade and 44% had been expelled or suspended in the past five years. They also were more likely to have attended remedial classes, skipped school, fought at school and dropped out of school. This group of adolescents also experienced a higher level of substance abuse, more encounters with the law and sexual intercourse at a younger age. Boys were more likely to have disciplinary problems than girls. The children who had repeated a grade in school were found to have more profound problems than those who experienced average academic achievement (Furstenberg & Brooks-Gunn & Morgan, 1987).

Studies of urban minority children have found welfare dependency correlated with negative outcomes for children of adolescent mothers (Baldwin & Cain, 1980; Philliber & Graham, 1981; Furstenberg & Brooks-Gunn & Morgan, 1987). Indeed, many adolescent mothers must adapt to motherhood within an environment of economic deprivation.

In contrast, a four year study in a public school system of a predominantly white working class community near a major northeastern city followed 519 children from school entry into kindergarten through third grade and found no significant behavioral or emotional differences in children born to adolescent mothers compared to peers born to older

mothers. These findings could be attributed to the fact that the sample represented a community population rather than a select group receiving medical care or special services or a small sample size (N-24) of mothers aged 15 to 17 years (Kinard & Rheinherz, 1984). While no significant differences were found in behavioral and emotional functioning in this sample of children of adolescent mothers, it is important to note that maternal education was found to have a significant effect on the adjustment of their children which is consistent with the findings of The Baltimore Study.

SOCIAL SUPPORT

Social support for the adolescent mother and her infant appears to have significant impact on the outcomes of the mother and her infant (Cochran & Bassard, 1979). Multidimensional support can come from the family of the adolescent mother, her boyfriend or girlfriends, and community resources. There is evidence that emotional support from relatives and/or a spouse or partner may be related to the young mother's warmth, acceptance, and affection toward her infant (Colleta, 1981; Crockenberg, 1987). Thus, it appears that positive social support may serve as a safeguard against the negative effects of the stresses of parenting as teenagers make the transition to parenthood (Unger &

Wandersman, 1988).

There appear to be ethnic differences in the provision of social support, with black families providing significantly more social support than white families to the adolescent mother. In The Baltimore Study, young black mothers who remained in their home of origin were more likely to continue their education and less likely to be welfare recipients than their counterparts who established separate households (Furstenberg & Brooks-Gunn & Morgan, 1987). In fact several studies reported a salutary effect on the cognitive development of the young child in three-generational households which is presumed to be based on the mother's and child's social ties to the grandmother (Egeland, B. & Stroufe, L.A., 1981; Crockenberg, 1981). Without a doubt, the most deletorious psychological consequences are for the poor adolescent mother who lives in isolation.

INTERVENTION PROGRAMS FOR ADOLESCENT PARENTS

Because legislation of the 1970's made adolescent pregnancy a public concern rather than a problem of individuals and families (Adler & Bates & Merdinger, 1985), committed communities developed and implemented numerous programs to assist adolescents with their medical, social educational, and child care needs. Some of these programs have

facilitated networking of existing agencies, others have provided partial services while a relatively few have provided comprehensive services for adolescent parents and their offspring.

Funding has been the major problem of programs for adolescent parents (Weatherly & Perlman & Levine & Klerman, 1986; Kister, 1987). With limited state and federal funds available, most operational programs are sponsored by a variety of local agencies and private foundations. This financial uncertainty creates problems such as the loss or reduction of services and low staff morale (Kelly, 1988; Weatherly & Perlman & Levine & Klerman, 1986; Sillars, 1981), with considerable variation in the degree of commitment from one locality to another. In a study of comprehensive programs in four states with ten different sites, it was concluded that communities with high levels of social concern, expertise and revenue were generally awarded grants and foundation money while other communities in grave need of services having no operational programs as a result of an inbalance in funding (Weatherly & Perlman & Levine & Klerman, 1986).

The evaluation of program effectiveness has usually been limited to the adolescent mother rather than the child of the adolescent mother. The degree of effectiveness of intervention programs most frequently has

been based on the reduction of rapid repeat pregnancies, continuation in school or employment (Polit & Kahn, 1985; Kelly, 1988), while a relatively limited number of programs with small populations have evaluated the cognitive and social development of the infant (Baskin & Umansky & Sanders, 1987; Campbell & Brietmayer & Ramey, 1986; Roosa, 1984; Bell & Casto & Daniels, 1983; Cappleman & Thompson & DeRemer-Sullivan & King & Sturm, 1982). Other problems with evaluation have been the high mobility rate of adolescent mothers and faulty evaluation designs. Some studies have made biased comparisons to national statistics while others based conclusions on groups that were self-selected, small in number or used no control group (Kelly, 1988; Huey, 1987; Sander & Rosen, 1987; Holman & Arcus, 1987).

It would seem that programs facilitating pregnancy prevention would be more pervasive. Indeed, school-based clinics that provided both services and information have been effective in reducing the frequency of adolescent pregnancy and have been utilized by both males and females in urban and rural settings (Dryfoos, 1985; Zabin & Hirsch & Smith & Streett & Hardy, 1986; Elders, M. J., Hui, J., Padilla, S., 1990). However, narrow restrictions of Title XX of the Public Health Service Act, 1981, deemphasized family planning services by making them available only to

pregnant teenagers unless it could be established that no such services were available anywhere in the community (Weatherley & Perlman & Levine & Klerman, 1986).

The majority of programs for pregnant adolescents and adolescent mothers offer partial services (Clewell, B.C. & Brooks-Gunn, J. & Benasich, A.A., 1989). Some intervention programs are home-based such as the Carolina Infant Curriculum (Cappleman, M.W. & Thompson, R.J. & DeRemer-Sullivan, P.A. & King, A.A. & Sturm, J.M., 1982) and the Contengency Response for Infants of Adolescent Parents (Baskin, C. & Umansky, W. & Sanders, W., 1987) while other programs are site-based. Intervention programs have been sponsored by a variety of agencies and institutions utilizing professionals and volunteers in the community (Wolf, L.A., 1985). The focus of many partial intervention programs for young mothers has been instruction in child development, appropriate parenting skills, human sexuality and contraception to facilitate the transition to the new role of motherhood (Clewell, B.C. & Brooks-Gunn, J. & Benasich, A.A., 1989).

Some programs focus on the coordination of existing local agencies to address the needs of pregnant adolescents and adolescent parents. Project Redirection, sponsored by the U. S. Department of Labor and The Ford Foundation, a demonstration project from 1980 to 1983, was

implemented at four sites. This program coordinated a wide range of services by developing relationships with service providers in the community. Individualized participant plans were designed for each girl which specified services and activities needed for each client. Volunteer community women assisted the staff, served as role models, and offered support, as teenagers worked toward their personal goals. The evaluation of this program was inconclusive because participants were not randomly selected and it was discovered that control subjects had participated in other intervention programs (Polit & Kahn, 1985). A similar program was implemented in Norfolk, Virginia, from 1980 to 1987. The evaluation of this program was based on school continuation, birth weight of babies and the incidence of repeat pregnancies compared to state and national statistics. Several obstacles were mentioned such as lack of uniform record keeping, mobility of clientele, and an inconsistent commitment of participating agencies. Advantages for this type of program include well-coordinated services, avoidance of conflicting messages to clients and the pooling of resources (Kelly, 1988).

Some programs have been developed by the personnel of the program while others have been based on the adoption of developed programs with some based on developed programs with local adaptations to best meet the

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needs of their clientele. In a few instances, universities have developed and implemented programs to ameliorate the consequences of early parenthood.

Comprehensive programs provide support to the adolescent mother by addressing her multiple needs which include medical care, education, child care, knowledge of contraception, parenting skills and counseling for psychological and social needs (St. Pierre & St. Pierre, 1980). A recent study of ten comprehensive programs comprised of two health-based programs and eight school-based programs was conducted in California, Massachusetts, Michigan and Tennessee, to determine how and why comprehensive services were developed and maintained in some localities but not in others (Weatherley, Perlman, Levine, Klerman, 1986). Such programs provide for all of the adolescent mothers' needs thus eliminating fragmented and duplicated services. The four major problems cited by existing comprehensive programs are: inadequate financial support; insufficient health and social infrastructure; negative public and political attitudes toward a stigmatized population; unproven intervention technology (Weatherley, Perlman, Levine, Klerman, 1986). The effectiveness of comprehensive programs most frequently has been based on the reduction of rapid repeat pregnancies and the continuation of

education. Most comprehensive programs reported modest strides for the majority of participants, such as the acquisition of vocational skills, employment above entry-level, and reduction of subsequent pregnancies (Lee & Pinholster, 1987; Polit & Kahn, 1985).

There have been significant positive outcomes for some children whose mothers were involved in intervention programs. The Baltimore Study found that girls who attended Edgar Allan Poe School, a facility for pregnant teenagers that stresses the importance of finishing school and delaying subsequent births, were over twice as likely to have been using birth control a year after their first child was born and were only one-third as likely to have been receiving public assistance in 1984 (Furstenberg, Brooks-Gunn, Morgan, 1987).

The Frank Porter Graham Child Development Center at the University of North Carolina, Chapel Hill, North Carolina, enhanced the outcome for disadvantaged adolescent mothers and their children by providing from birth, 54 months free educational day care. This study was an experimental study of the effects of such a support system. At the end of four and one-half years, the day care recipients and the control groups were compared on the McCarthy Scales of Children's abilities which revealed that within the subgroup of children born to teen-agers the mean

General Cognitive Index Score of the day care recipients was 105.9, whereas the Mean General Cognitive Index Score attained by the control group was 90.5 (Campbell & Breitmayer & Ramey, 1986).

It is evident that not all children born to adolescent mothers are destined to failure. Indeed, the educational attainment of the mother, impacts the development of the child. It also appears that timely, appropriate intervention programs can be effective in ameliorating the outcomes for adolescent mothers and their children. There is also some evidence that the social structure of the family can effect the development of the child with the most grievious outcomes linked to minorities who live in poverty with a history of low school achievement and no effective support network.

Of concern to many is the fact that a number of young girls drop out of school either before or during their pregnancy and have no special assistance in meeting their new obligations as a parent. It is speculated that this group of adolescent mothers may have the most severe needs of the total population and yet their living conditions and problems are not reflected in the literature (Roosa, 1986).

ADOLESCENT FATHERS

Until recently, teen fathers as a group have been ignored and stereotyped as irresponsible by professionals concerned with adolescent childbearing (Robinson, 1988). In recent years there has been a concerted effort to identify teen fathers and a limited number of programs have been implemented to facilitate the involvement of young fathers. "The Teen Father Collaboration", a two year national research and demonstration project was the most significant effort in determining effective ways to assist teenage fathers in contributing to their children's social emotional and financial well-being. This program was funded by the Ford Foundation and eight local community foundations across the United States. Components of the program included classes in parenting, vocational and job training skills, tutoring, individual and group counseling , and family planning service. Success was measured by employment and school enrollment. Because the 400 participants were self-selected and there was no control group, the "Teen Father Collaboration" can only be considered an exploration of possibilities of future programs involving teen fathers. Aggressive recruitment of clients, knowledge of the community, and top level administrative commitment of the agency were found to be the critical components of successful programs for young

fathers (Sander & Rosen, 1987).

Until recently very little empirical data was available regarding fathers of children born to adolescent mothers; indeed adolescent motherhood was viewed as a female problem (Chilman, 1980). Most empirical research that is available is saturated with methodological shortcomings that distort the findings and frequently portray a biased profile which is stereotypical in our society. Most often the sampling of young men was small and biased, data was collected second hand from the mother, and inferences were based on traditional research on fatherhood (Barret & Robinson, 1982). However, as recent studies have focused on these young fathers with high quality research designs, many of the myths regarding disinterest and uninvolvement are being dispelled. (Hendricks, L.E.; Montgomery, T. 1983; Lamb, M.E., Elster, A.B., 1985; Robinson, B.E., Barret, R.L., 1987).

Young unwed fathers appear to be a demographically heterogeneous group representing all socioeconomic and ethnic groups and all regions of the country (Lerman, 1986; Lamb & Elster & Tavare', 1986). The majority of these young men are not teenagers themselves (Marsiglio, 1987). Some avoid responsibilities of fatherhood while others exhibit interest in their children by visiting them regularly and providing various kinds of support

(Lerman, 1986). As a group these young men tend to be educationally disadvantaged with poor prospects for employment (Lerman, 1986). Caucasian unwed fathers are more likely than their non-father peers to have histories of socially deviant behaviors such as drug use and criminal records (Lerman, 1986); whereas, black unwed fathers do not differ significantly from their peers who are not fathers. Most frequently these young fathers do not reside with their children but rather in their home of origin (Marsiglio, 1987). Young black fathers tend to remain in the community and maintain contact with their child (Marsiglio, 1987), while their white counterparts tend to move a great distance from the community and terminte contact with their child (Lerman, 1986). Few choose to marry the mother of their child, and for those who do, divorce is almost certain (Furstenberg, 1976). Most frequently these young fathers come from low socioeconomic single parent homes with a fundamentalist protestant background (Lerman, 1986).

In spite of the fact that most young fathers are not able to provide significant monetary support, it appears that a socially supportive male partner can have positive effects on the young mother and her child. While most young fathers initially are unprepared for fatherhood, several recent studies have found that the majority of young fathers are concerned about

their partner during pregnancy and continue their involvement after the birth of their child (Hendricks & Montgomery, 1983; Lerman, 1986). A recent study found that father involvement with prenatal care can have a positive effect on the birthweight of the baby (Barth & Claycomb & Loomis, 1988), while other studies have found that father involvement enhanced the quality of experiences for the developing child (Lamb & Elster, 1985). Along with these immediate advantages of paternal involvement, there are also long range legal and medical advantages for the child.

Because of the current trend for young single mothers to raise their children, serious consideration has been given to the involvement and responsibilities of her male partner. There is no uniformity in the laws that determine the young man's legal responsibilities; rather each state has its own laws with considerable differences among the fifty states (Rivera-Casale & Klerman & Manela, 1984). It is generally felt that involvement of the young father has been discouraged by professionals and in some instances the parents of his adolescent partner and that a concerted effort needs to be made to involve the father in parenthood (Barret & Robinson, 1982).

References

Adler, E.S. & Bates, M., & Merdinger (1985). Educational policies and programs for teenage parents and pregnant teenagers. Family Relations, 34(2), 183-187).

Baldwin, W. & Cain, V.S., (1980). The Children of Teenage Parents. Family Planning Perspectives. 12, 31-43.

Barret, R. L. & Robinson, B.E. (1982). Teenage fathers: Neglected too long. Social Work, 27(6) 484-488.

Barth, R.P.; Claycomb, M.; Loomis, A. (1988). Services to adolescent fathers. Health and Social Work; 13 (4), 277-287.

Baskin, C., Umansky, W., Sanders, W. Influencing the responsiveness of adolescent mothers to their infants. Zero to Three, December 1987, 7-11.

Bell, C.A., Casto, G., Daniels, D.S. (1983). Ameliorating the impact of teenage pregnancy on parent and child. Child Welfare, 62 (2), 167-173.

Balassone, M.L. (1988). Multiple pregnancies among adolescents: Incidence and correlates. Health and Social Work, 13(4), 266-276.

Bolton, F.G., Laner, R.H., Kane, S.P. (1980). Child maltreatment risk among adolescent mothers: A study of reported cases. American Journal of Orthopsychiatry, 50, 489-504.

Campbell, F.A., Breitmayer, B., Ramey, C.T. (1987) Disadvantaged single teenage mothers and their children: Consequences of free educational day care. Family Relations, 35(1), 63-68.

Cappleman, M.W., Thompson, R.J., De Remer-Sullivan, P.A., King, A.A., Sturm, J.M. (1982). Effectiveness of a home based early intervention program with infants of adolescent mothers. Child Psychiatry and Human Development, 13(1), 55-65.

Card, J.J., Wise, L.L. (1978). Teenage mothers and teenage fathers: The impact of early child bearing on the parents' personal and professional lives. Family Planning Perspectives, 10(4), 199-205.

Chilman, C. (1980). Social and psychological research concerning adolescent childbearing: 1970-1980. Journal of Marriage and the Family, 42, 793-805.

Clewell, B.C. & Brooks-Gunn, J. & Benaslch (1989). Evaluating child-related outcomes of teenage parenting programs. Family Relations 38, 201-209.

Cochran, M.M., & Brassard, J.A. (1979) Child development and personal social networks. Child Development, 50, 601-616.

Colletta, N.D. (1981). Social support and the risk of maternal rejection by adolescent mothers. Journal of Psychology, 109, 191-197.

Crockenberg, S. (1987). Support for adolescent mothers in the postnatal period: Theory and practice. In C.F. Boukydis (Ed.), Research on support for parents and infants in the postnatal period (pp 3-24). Norwood, NJ: Ablex.

Crockenberg, S.B. (1981). Infant irritability, mother responsiveness, and social support influences on the security of infant-mother attachment. Child Development, 52, 857-865.

Dryfoos, J.G. (1985) A time for new thinking about teenage pregnancy. American Journal of Public Health, 75(1), 13-14.

Dwyer, J.F. (1974). Teenage pregnancy. American Journal of Obstetrics and Gynecology, 46(1), 49-52.

Egeland, B. & Stroufe, L.A. (1981). Attachment and early maltreatment. Child Development, 52, 44-52.

Elders, M.J., Hui, J., Padilla, S. (1990) Adolescent pregnancy: Does the nation really care? Berkley Women's Law Journal, 5, 170-180.

Fielding, J.E. (1978). Adolescent pregnancy revisited. New England Journal of Medicine, 299(16), 893-896.

Furstenberg, F. (1976) Unplanned parenthood: The social consequences of teenage childbearing. New York: Free Press.

Furstenberg, F., Brooks-Gunn, J., Morgan, S.P. (1987) Adolescent mothers and their children in later life. Family Planning Perspective, 19(4) 142-151.

Hendricks, L.E. & Montgomery, T. (1983) A limited population of unmarried adolescent fathers: A preliminary report of their views on fatherhood and the relationship with the mothers and their children. Adolescence, 18(69), 201-210.

Holman, N., Arcus, M. (1987). Helping adolescent mothers and their children: An integrated multi-agency approach. Family Relations, 36, 119-123.

Huey, W.C. Counseling teenage fathers: The maximizing a life experience (MALE) group. The School Counselor, September 1987, 40 -47.

Jones, A.E.; Placek, P. (1979). Teenage women in the U.S.A: Sex, contraception, pregnancy, fertility, and maternal infant health. A paper presented at the Family Impact.

Kelly, M.J. Teamwork: A city's response to adolescent pregnancy. Journal of Home Economics, Fall 1988, 19-23.

Kenney, A.M. (1987). Teen pregnancy : An issue for schools. Phi Delta Kappan June, 1987, 728-736.

Kinard, E.M., Reinherz, H. (1984). Behavioral and emotional functioning in children of adolescent mothers. American Journal of Orthopsychiatry. 54(4) 578-593.

Kister, J., (1987) Single parents: Ohio's response. Journal of Home Economics, Winter, 1987, 14-15 & 54.

Lamb, M.E. & Elster, A.B. (1985) Adolescent mother-infant-father relationships. Developmental Psychology, 21(5), 768-773.

Lamb, M.E. & Elster, A.B. & Tavare', J. (1986). Behavioral profiles of adolescent mothers and partners with varying intracouple age differences. Journal of Adolescent Research, 1(4), 399-408.

Lawrence, R.A.; Merritt, T.A. (1981). Infants of adolescent mothers: Perinatal, neonatal, and infancy outcome. Seminar Perinatal, 5(1), 19-32.

Lee, G., Pinholster, R., (1987, June) Vocational teen parenting (ERIC Document Reproduction Service No. ED 285 988)

Lerman, R.I. (1986). A natinal profile of young unwed fathers: Who are they and how are they parenting? A paper prepared for Conference on Unwed Fathers; Catholic University, October 1, 1986.

Marsiglio, W. (1987) Adolescent fathers in the United States: Their initial living arrangements, marital experience and educational outcomes. Family Planning Perspectives, 19(6), 240-251.

McLaughlin, S.D.; Pearce, S.E.; Manninen, D.L.; Winges, L.D. (1988). To parent or relinquish: Consequences for adolescent mothers. Social Work, . 33(4), 320-324.

Mednick, B.R., Baker, R.L., Sutton-Smith, B. (1979). Teenage pregnancy and perinatal mortality. Journal of Youth and Adolescence. 8(3), 343 -357.

Miller, S.H. (1984) The relationship between adolescent childbearing and child maltreatment. Child Welfare, 63(6), 553-557.

Moore, K. (1978) Teenage childbirth and welfare dependency. Family Planning Perspectives. 10(4), 233-235.

Ortiz, E.T. & Bassoff, B.Z. (1987). Adolescent welfare mothers : Lost optimism and lowered expectations. Social Casework : The Journal of Contemporary Social Work, September 1987; 400-405.

BEST COPY AVAILABLE

Philliber, S.G., Graham, E.H. (1981). The impact of age on mother-child interaction patterns. Journal of Marriage and the Family, 43, 109-115.

Phipps-Yonas, S. (1980). Teenage pregnancy and motherhood: A review of the literature. American Journal of Orthopsychiatry, 50(3), 403-431.

Pittman, Karen (1988). A Children's Defense Budget. Children's Defense Fund.

Polit, D.F., Kahn, J.R. (1985). Project redirection: Evaluation of a comprehensive program for disadvantaged teenage mothers. Family Planning Perspective, 17(4), 150-155.

Rivera-Casale, C. & Klerman, L.V. & Manela, R. (1984). The relevance of child-support enforcement to school-age parents. Child Welfare, 63(6), 521-531.

Robbins, C. & Kaplan, H.B. & Martin, S.S. (1985). Antecedents of pregnancy among unmarried adolescents. Journal of Marriage and the Family. August, 1985; 567-583.

Robinson, B.E. & Barret, R.L. (1987). Self-concept and anxiety of adolescent and adult fathers. Adolescence 22(87) 611-616.

Robinson, B.E. (1988) Teenage pregnancy from the father's perspective. American Journal of Orthopsychiatry, 58(1), 46-51.

Roosa, M.W. (1984) Maternal age, social class, and the obstetnic performance of teenagers. Journal of Yourth and Adolescence, 13(4), 365-374.

Roosa, M.W.; Fitzgerald, H.E.; Carlson, N.A. (1982). Teenage and older mothers and their infants: A descriptive comparison: Adolescence, 17, 1-11.

Roosa, M.W. (1984). Short-Term effects of teenage parenting programs on knowledge and attitudes. Adolescence, 19(75), 659-665.

Roosa, M.W. (1986) Adolescent mothers, drop-outs and school based intervention programs. Family Relations, 35(2), 313-317.

Russell, A. & Cunningham, J. & Szent-Miklosy, L. (1990). Adolescence : Path to a productive life or a diminished future? Carnegie Quarterly 35(1 & 2) 1-13.

St. Pierre, T., St. Pierre, R., (1980) Adolescent pregnancy: Guidelines for a comprehensive school-based program. Health Education, May/June 1980, 12-13.

Sander, J.H, Rosen, J.L. (1987) Teenage Fathers: Working with the neglected partner in adolescent childbearing. Family Planning Perspective, 19(3), 107-110.

Schilmoeller, G.L., Baranowski, M.D. (1985). Childrearing of firstborns by adolescent and older mothers. Adolescence, 20(80), 805-822.

Sillars, J. (1981) Teenage pregnancy: A critical family issue. This is a special section of the 1981 annual report of the Charles Stewart Mott Foundation (ERIC Document Reproduction Service No. 230649) 6 -32.

Simkins, L. (1984) Consequences of Teenage pregnancy and motherhood. Adolescence, 19(73), 39-54.

Singh, S. (1986). Adolescent pregnancy in the United States: An interstate analysis. Family Planning Perspective, 18(5), 210-220.

Smith, P.G.; Weinman, M.L., Mumford, D.M. Social and affective factors associated with adolescent pregnancy. Journal of School Health, February, 1982, 90-93.

Trussell, J. (1988). Teenage pregnancy in teh United States. Family Planning Perspectives. 20(6).

Unger, D.G.; Wandersman, L.P. (1988). The relation of family and partner support to the adjustment of adolescent mothers. Child Development, 59, 1056-1060.

Weatherly, R.A. Perlman, S.B., Levine, M.H., Klerman, L.V. (1986). Comprehensive programs for pregnant teenagers: How successful have they been? Family Planning Perspectives, 18(2), 73-78.

Wolf, L.A. (1985). A community agency perspective. In Issues and Actions : Dialogues from Wingspread. Proceedings of the Conference on Adolescent Pregnancy = State Policies and Programs. p. 23 & 24.

Zabin, L.S., Hirsch, M.B., Smith, E.A., Streett, R., Hardy, J.B., (1986). Evaluation of a pregnancy prevention program for urban teenagers. Family Planning Perspectives, 18(3) 119-126.

Zimmerman, S.L. (1988). State Level public policy choices as predictors of state teen birthrates. Family Relations, 37(3), 315-321.